

PHYSICIAN REGISTRATION

Pennsylvania Orthopaedic Society
FOOT / ANKLE & SPINE: Minimizing Complications & Maximizing Outcomes
May 20-22, 2010

Register by April 15 and save \$50. You can also register online at www.paorthosociety.org

Last Name _____ Title (MD/DO) _____
First Name (MI) _____
Office Address _____
City, State Zip _____
Email Address _____
Office Phone/Fax _____
Office Contact _____

Registration fee includes admission to scientific sessions, continental breakfasts, refreshment breaks, exhibit hall, and Wednesday Welcome Reception (attendee and one guest). You must pre-register for the POS golf tournament and Friday Party.

	Before April 15	After April 15	Amount Paid
Member	\$550	\$600	\$ _____
Non-Member	\$650	\$700	\$ _____
Resident/Fellow	\$175	\$225	\$ _____
Allied Health Professional	\$125	\$175	\$ _____

Wednesday Welcome Reception (number) _____ @ no charge \$ _____

Friday POS Golf Tournament (number) _____ @ \$225ea \$ _____

Friday Dinner (Adults) _____ @ \$95ea + (Children, 5-12) _____ @ \$30ea \$ _____

TOTAL \$ _____

Payment Method (Please check appropriate box):

- CHECK enclosed made payable to POS
 CREDIT CARD: _____ AMEX _____ VISA _____ MC

Card Number _____

Exp Date _____ Security Code: _____

Signature _____

Please mail this form with payment to:

Pennsylvania Orthopaedic Society – 510 North Third Street, 3rd Fl – Harrisburg, PA
17101-1111
Phone: 717-909-8901 – Fax: 717-909-8906 – susan@paorthosociety.org

Cancellation Policy: There will be a \$25 processing fee for cancellations received before **April 30, 2010**. Refunds will not be granted for cancellations received on or after **April 30, 2010**.